

Under the Paperwork Reduction Act of 1995, no persons are required to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN PATENT APPLICATION**
(37 CFR 1.63)

☐ Declaration Submitted With Initial Filing

☐ Declaration Submitted after Initial Filing (surcharge 37 CFR 1.16 (e) required)

OR

Attorney Docket Number	1104-764
First Named Inventor	LAW, Brian et al.
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Art Unit	
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CHILD-RESISTANT FLUID DISPENSING PUMP

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International

Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119 (a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Check Only If Priority Not Claimed	Certified Copy Attached?	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under U35 USC 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to a collection of information unless it contains a valid OMB control number.

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

Place Customer Number
Bar Code Label Here

OR

☒ Registered practitioner(s) name/registration number listed below.

Name	Registration Number	Name	Registration Number
Gary M. Gron	24,293		

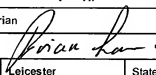
☒ Additional registered practitioner(s) named on supplemental Registered Practitioner Information Sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number Bar Code Label ☐ OR ☒ Correspondence address below

Name	Gary M. Gron, Esq.		
Address	Woodard, Emhardt, Moriarty, McNett & Heary LLP		
Address	111 Monument Circle, Suite 3700		
City	Indianapolis	State	IN
Country	US	Telephone	(317) 634-3456
		ZIP	46204
		Fax	(317) 637-7561

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor.

Given Name (first and middle (if any))				Family Name or Surname			
Brian				Law			
Inventor's Signature				Date			
							
Residence	City	State	Country	England	Citizenship	England	
Post Office Address							
11 Meadhurst Road							
Post Office Address							
City	Leicester	State	ZIP	LE3 6FR	Country	England	

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

DECLARATION		Registered Practitioner Information (Supplemental Sheet)	
Name	Registration Number	Name	Registration Number
C. David Emhardt	18,483	Michael S. Wherry	53,764
Joseph A. Naughton, Jr.	19,814	Elizabeth A. Shuster	52,672
John V. Moriarty	26,207	Michael C. Bartol	44,025
John C. McNett	25,533	Gary M. Gron	24,293
Thomas Q. Henry	28,309		
James M. Durlacher	28,840		
Charles R. Reeves	28,750		
Vincent O. Wagner	29,596		
Steve Zlatos	30,123		
Spiro Bereveskos	30,821		
Clifford W. Browning	32,201		
R. Randall Frisk	32,221		
Daniel J. Lueders	32,581		
Kenneth A. Gandy	33,386		
Timothy N. Thomas	35,714		
Kurt N. Jones	37,996		
John H. Allie	39,088		
Holiday W. Banta	40,311		
Troy J. Cole	35,102		
L. Scott Paynter	39,797		
Charles J. Meyer	41,996		
Matthew R. Schantz	40,800		
Gregory B. Coy	40,967		
Lisa A. Hiday	40,036		
John V. Daniluck	40,581		
Christopher A. Brown	41,642		
Arthur J. Usher IV	41,359		
Douglas A. Collier	43,556		
Brad A. Schepers	45,431		
Scott J. Stevens	29,446		
James B. Myers	42,021		
John M. Bradshaw	46,573		
Quentin G. Cantrell	47,469		
Charles P. Schmal	45,082		
Edward E. Sowers	36,015		
John L. Roberts	50,453		
John J. Emanuele	51,653		
Denise M. Gosnell	51,748		
Jason A. Houdek	54,620		

Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.									
Given Name (first and middle [if any])						Family Name or Surname					
Jeff						Spencer					
Inventor's Signature		<i>Jeff Spencer</i>				Date		20 th JANUARY 2004			
Residence	City	Leicester	State		Country	England	Citizenship	England			
Post Office Address		5 Harene Crescent									
Post Office Address		Leicester Forest East									
	City	Leicester	State		ENGLAND	ZIP	LE3 3HS	Country	England		
Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.									
Given Name (first and middle [if any])						Family Name or Surname					
David						Prichett					
Inventor's Signature		<i>David Prichett</i>				Date		20 th JANUARY 2004			
Residence	City	Ft. Wayne	State	IN	Country	USA	Citizenship	England			
Post Office Address		2221 Sycamore Hills Drive									
Post Office Address											
	City	Ft. Wayne	State	IN	ZIP	46814	Country	USA			
Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.									
Given Name (first and middle [if any])						Family Name or Surname					
Inventor's Signature						Date					
Residence	City		State		Country		Citizenship				
Post Office Address											
Post Office Address											
	City		State		ZIP		Country				